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Bib Data Sheet

CONFIRMATION NO. 5105

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| <b>SERIAL NUMBER</b><br>10/575,839 | <b>FILING OR 371(c) DATE</b><br>04/13/2006<br><b>RULE</b> | <b>CLASS</b><br>546 | <b>GROUP ART UNIT</b><br>1625 | <b>ATTORNEY DOCKET NO.</b><br>PU60539 |
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/US04/33638 10/12/2004 which claims benefit of 60/511,009 10/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/30/2007**

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>PA | <b>SHEETS DRAWING</b><br>0 | <b>TOTAL CLAIMS</b><br>13 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature: _____ Initials: _____  |                               |                            |                           |                                |

**ADDRESS**  
20462

**TITLE**  
Muscarinic acetylcholine receptor antagonists

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|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>600 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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